



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:

SA

Statement of Committee Organization

1. Statement Information

Date: June 2, 2016

Type: ☒ New ☐ Amended (if amending, enter MEC ID C161230 & section changed _____)

2. Committee Information

National Organization for Marriage in Missouri

Name of Committee

7509 NW Tiffany Springs Parkway, Suite 300

(816) 584-9393

Committee Mailing Address, City, State, & Zip

Kansas City, Missouri 64153

Platte

Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☐ Candidate ☒ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

James C. Thomas III

Treasurer's Name (First & Last)

7509 NW Tiffany Springs Parkway, Suite 300, Kansas City, Missouri 64153

Treasurer's Email Address (optional)

(816) 584-9393

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☐ No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)